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SEP 09 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: White, et al.

Serial No 10/613,505

Filed: July 3, 2003

Title: TROCAR SHIELD ACTUATOR
MECHANISM

) Customer No.: 21378

) Docket No.: 3214-GB-US

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2004

Barbara Johnson
(Type or print name)

Barbara Johnson
(Signature)

Attached please find the following documents submitted for filing in reference to
the above-referenced application.

1. Request for Withdrawal As Attorney or Agent and Change of
Correspondence Address; and
2. Request for Withdrawal as Attorney or Agent and
Change of Correspondence Address Form PTO/SB/83

Respectfully submitted,

Barbara Johnson

Barbara Johnson
Applied Medical Resources

Customer No. 21378
Telephone (949) 713-8000
Facsimile (949) 713-8206

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: White, et al.

Serial No 10/613,505

Filed: July 13, 2003

Title: TROCAR SHIELD ACTUATOR
MECHANISM

Customer No.: 21378

Docket No.: 3214-GB-US

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Commission for Patents
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Alexandria, VA 22313-1450REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT
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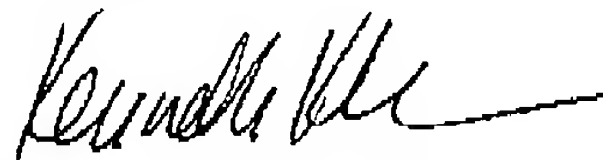
Dear Sir:

Please withdraw attorneys/agents associated with Customer Number 22434 and change the correspondence address and direct all future correspondence to Customer Number 21378.

Respectfully Submitted,

APPLIED MEDICAL RESOURCES

BY



KENNETH K. VU

Registration No.: 46,323

PTO/SB/83 (09-03)

Approved for use through 11/30/2005, OMB 0851-0035

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/613505
	Filing Date	July 13, 2003
	First Named Inventor	
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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SEP 09 2004

Please withdraw me as attorney or agent for the above identified patent application, and

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☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or

☒ the attorneys/agents associated with Customer Number

22434

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

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1 ☐ The correspondence address is NOT affected by this withdrawal.

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21378

OR

☐ Firm or
Individual Name

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City

State

Zip

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Telephone

Fax

Name

Signature

Date

JAMES E. AUSTIN

6/22/04

Registration No.

Telephone No.

39,489

(570) 843-6200

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